UNIVERSITY OF PITTSBURGH

ELIGIBLE FACULTY AND STAFF

Summary Guide to Benefits

JULY 1, 2015–JUNE 30, 2016

Office of Human Resources
Benefits Department
320 Craig Hall
200 South Craig Street
Pittsburgh, PA 15260

412-624-8160
fax: 412-624-3485
hr.pitt.edu/benefits
Disclosure

The information presented in this Summary Guide to Benefits is intended to provide a general overview and discussion of the plans. Descriptive literature is available from the carriers and the Office of Human Resources. Additional details of the benefits presented here may also be found at www.hr.pitt.edu/benefits. The rights and obligations of employees and those of the University are governed by the terms of each benefit plan and in some cases by contracts with the insurance companies. The plans are based on current federal and state laws and are regulated by those laws. If there is a conflict between the Summary Guide to Benefits and the plan/contracts, then the plan and contracts will control.

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Enrollment and Status Changes Outside of Open Enrollment

Eligibility

Participation is open to:
» Full-time regular faculty, librarians, research associates, and post-doctoral associates
» Part-time regular, tenure/tenure stream faculty at not less than 50% effort
» Part-time regular librarians designated with expectations of continued employment at not less than 50% effort
» Full-time regular staff
» Part-time regular staff
» The aforementioned may include their spouse or domestic partner and children

Enrollment

Health and wellness plans for staff and faculty generally operate on a plan year which runs from July 1 through June 30 (a 12 month period). These health and wellness plans also include medical, dental, vision, life, accidental death and dismemberment (AD&D), and dependent life insurances as well as flexible spending accounts. If applicable, short-term and/or long-term disability, retirement and long term care (LTC) benefits may be included in your benefits package but are not subject to the plan year.

The effective date of coverage is dependent upon your date of hire. If you are hired the first business day of the month, coverage becomes effective the first day of the same month. If you are hired after the first business day of the month, coverage becomes effective the first day of the next month. An initial benefit enrollment period for newly hired employees is 11 days from the date of hire. For those plans that are subject to the plan year, outside of the initial benefit enrollment period, new enrollments, cancellations, and changes to coverage may only be made during future open enrollment periods or due to a qualified status change when the request for a change is made within 60 days of the life event.

Qualified Status Changes

» Marriage or divorce
» Birth, adoption, or custody of a stepchild
» Spouse/domestic partner’s gain or loss of employment, or obtaining or losing coverage
» Death of a spouse/domestic partner or child
» Child reaches age 26
» Loss of Medicaid or CHIP coverage or become eligible for a premium assistance subsidy

You must make your election within 60 days of when the status change occurs. Please note that primary care physicians and primary dental offices may be changed at any time during the year through the respective insurance carrier, not just at open enrollment or because of a status change.

Coverage for Dependent Children

Under the University of Pittsburgh’s insurance plans, children up to the age of 26 are eligible for medical, dental, vision, and dependent life insurance coverage under their parent’s insurance.

Disabled dependents may be able to continue coverage after age 26, refer to www.hr.pitt.edu/benefits/benefit-el for additional information.

Vendor Contact Information

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Benefits Plan</th>
<th>Phone Number</th>
<th>Web Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPMC Health Plan</td>
<td>Medical</td>
<td>1-888-469-6885</td>
<td><a href="http://www.upmchealthplan.com">www.upmchealthplan.com</a></td>
</tr>
<tr>
<td></td>
<td>Prescription drug program: retail</td>
<td>1-800-396-4139</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prescription drug program: mail order</td>
<td>1-877-787-6279</td>
<td><a href="http://www.expressscripts.com">www.expressscripts.com</a></td>
</tr>
<tr>
<td></td>
<td>Travel medical emergency services</td>
<td>1-800-872-1414</td>
<td><a href="http://www.asamericana.com">www.asamericana.com</a></td>
</tr>
<tr>
<td></td>
<td>MyHealth Advices Line</td>
<td>1-888-918-1091</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Flexible spending accounts</td>
<td>1-888-469-6885</td>
<td><a href="http://www.upmchealthplan.com/fixadvantage">www.upmchealthplan.com/fixadvantage</a></td>
</tr>
<tr>
<td>Davis Vision</td>
<td>Vision: prior to enrollment</td>
<td>1-877-929-2847</td>
<td><a href="http://www.davisvision.com">www.davisvision.com</a> (refer to page 2 for more details)</td>
</tr>
<tr>
<td></td>
<td>Vision: current participants</td>
<td>1-800-999-5431</td>
<td><a href="http://www.davisvision.com">www.davisvision.com</a> (refer to page 2 for more details)</td>
</tr>
<tr>
<td>United Concordia</td>
<td>Dental</td>
<td>1-877-215-3616</td>
<td><a href="http://www.ucr.com">www.ucr.com</a></td>
</tr>
<tr>
<td>Aetna Life Insurance Company</td>
<td>Life, AD&amp;D, and dependent life</td>
<td>1-888-584-2963</td>
<td><a href="http://www.aetna.com/group/cpitt">www.aetna.com/group/cpitt</a></td>
</tr>
<tr>
<td>UNUM</td>
<td>Long term care insurance</td>
<td>1-800-227-4165</td>
<td><a href="http://www.unuminfo.com/quit">www.unuminfo.com/quit</a></td>
</tr>
<tr>
<td>TIAA-CREF</td>
<td>Retirement income plans</td>
<td>1-800-482-9139</td>
<td><a href="http://www.tiacref.org/quit">www.tiacref.org/quit</a></td>
</tr>
<tr>
<td>Pension Administration Center</td>
<td>Noncontributory defined benefit pension plan</td>
<td>1-888-283-0208</td>
<td></td>
</tr>
<tr>
<td>LifeSolutions</td>
<td>Faculty and Staff Assistance Program</td>
<td>1-866-847-3432</td>
<td><a href="http://www.hr.pitt.edu/lifesolutions">www.hr.pitt.edu/lifesolutions</a></td>
</tr>
</tbody>
</table>
## Medical Plans

### Medical Insurance Plans Comparative Summary of Key Provisions

#### How the Plan Works

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panther Gold with Advantage Network (HMO)</td>
<td>Higher Benefit-UPMC Owned Facilities*</td>
<td>Benefits apply to all services after member pays deductible or before out of pocket max.</td>
</tr>
<tr>
<td>Panther Advocate (PPO) with HIA</td>
<td></td>
<td>Benefits apply to all services after member pays deductible or before out of pocket max.</td>
</tr>
<tr>
<td>Panther Plus (PPO)</td>
<td></td>
<td>Benefits apply to all services after member pays deductible or before out of pocket max.</td>
</tr>
<tr>
<td>Panther Basic (PPO) QDHP with PSA special HSA</td>
<td></td>
<td>Benefits apply to all services after member pays deductible or before out of pocket max.</td>
</tr>
</tbody>
</table>

#### Basic Plan Features and Explanations

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Coinsurance</th>
<th>Plan Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>20%</td>
<td>Full coverage to any doctor or hospital within the UPMC network.</td>
</tr>
<tr>
<td>n/a</td>
<td>20%</td>
<td>Full coverage to any doctor or hospital within the UPMC network.</td>
</tr>
<tr>
<td>n/a</td>
<td>20%</td>
<td>Full coverage to any doctor or hospital within the UPMC network.</td>
</tr>
<tr>
<td>n/a</td>
<td>20%</td>
<td>Full coverage to any doctor or hospital within the UPMC network.</td>
</tr>
</tbody>
</table>

#### Outpatient Facility Services and Observations

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Network</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Coverage</td>
<td>IN NETWORK</td>
<td>Benefits apply to all services after member pays deductible or before out of pocket max.</td>
</tr>
<tr>
<td>Out of Network</td>
<td>OUT OF NETWORK</td>
<td>Benefits apply to all services after member pays deductible or before out of pocket max.</td>
</tr>
</tbody>
</table>

#### Outpatient Behavioral Health

<table>
<thead>
<tr>
<th>Copayment</th>
<th>HIA/HSA Option*</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>HIA - $200 / $400</td>
</tr>
</tbody>
</table>

#### Health Plan Payments for Services are Noted Below. Copayments for the HMO and Deductibles and Coinsurance for the PPO Plans Apply as Stated Above.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Network</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult and Pediatric Wellness and Preventive Services</td>
<td></td>
<td>Benefits apply to all services after member pays deductible or before out of pocket max.</td>
</tr>
<tr>
<td>Doctor Office or Convenient Care Clinic Visit</td>
<td>IN NETWORK</td>
<td>Benefits apply to all services after member pays deductible or before out of pocket max.</td>
</tr>
<tr>
<td>Outpatient Facility Services and Observations</td>
<td>IN NETWORK</td>
<td>Benefits apply to all services after member pays deductible or before out of pocket max.</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td>IN NETWORK</td>
<td>Benefits apply to all services after member pays deductible or before out of pocket max.</td>
</tr>
<tr>
<td>Medical Therapy Services</td>
<td>IN NETWORK</td>
<td>Benefits apply to all services after member pays deductible or before out of pocket max.</td>
</tr>
<tr>
<td>Physical, Speech, and Occupational Therapy</td>
<td>IN NETWORK</td>
<td>Benefits apply to all services after member pays deductible or before out of pocket max.</td>
</tr>
</tbody>
</table>

### UPMC Advantage Network

- Panther Gold Advantage Network - Provides coverage to any doctor or hospital within the UPMC network. |
- Panther Advocate (PPO) with HIA - Provides coverage to any doctor or hospital within the UPMC network. |
- Panther Plus (PPO) - Provides coverage to any doctor or hospital within the UPMC network. |
- Panther Basic (PPO) QDHP with PSA special HSA - Provides coverage to any doctor or hospital within the UPMC network. |

### Other Affiliated UPMC Facilities

- Listed below is a sampling of the other affiliated UPMC facilities. Visit www.upmchealthplan.com for a full listing of facilities. |
- Butler Memorial Hospital | St. Clair Memorial Hospital | The Washington Hospital |

### To locate participating physicians and facilities in the UPMC network:

2. In the top corner, select the option you are searching for (i.e. Doctors) |
3. Complete search field |
4. Search for provider/facility |
5. Expand desired results to see what plans are accepted

### To utilize an AnywhereCare visit:

1. Access AnywhereCare by visiting upmcanywherecare.com and complete a brief questionnaire about your symptoms. |
2. Log in to your MyUPMC account. If you do not have an account, create one by following the new user instructions. |
3. Choose between a video appointment or secure messaging. Children ages 3 to 18 must have a video appointment with a pediatrician. |
4. Receive a response with a diagnosis and treatment plan, usually within 30 minutes. Prescriptions are sent right to your pharmacy.

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* The Patient Protection Notice can be found at www.upmc.com/benefits/notice/patient-pr
** One or more covered family members may satisfy these amounts. |
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The Summary of Benefits and Coverage (SBC) and uniform glossary of terms, developed by UPMC Health Plan, as mandated by the Patient Protection and Affordable Care Act (PPACA), may be located online at www.upmc.com/benefits. Hard copies are also available by contacting the Benefits Department at 612-624-8160. |

Visit www.upmchealthplan.com/pitt for additional HIA and HSA information.
PANTHER GOLD with Advantage Network (HMO)

<table>
<thead>
<tr>
<th>Plans</th>
<th>Total Monthly Premium</th>
<th>Monthly University Contribution Including $50 Benefit Credit</th>
<th>Monthly Employee Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$1058</td>
<td>$910</td>
<td>$148</td>
</tr>
<tr>
<td>Parent/Child(ren)</td>
<td>$2191</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Adults</td>
<td>$1313</td>
<td>$1007</td>
<td>$102</td>
</tr>
<tr>
<td>Family</td>
<td>$1399</td>
<td>$1004</td>
<td>$335</td>
</tr>
</tbody>
</table>

PANTHER ADVOCATE (PPO) with HIA

<table>
<thead>
<tr>
<th>Plans</th>
<th>Total Monthly Premium</th>
<th>Monthly University Contribution Including $50 Benefit Credit</th>
<th>Monthly Employee Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$845</td>
<td>$413</td>
<td>$72</td>
</tr>
<tr>
<td>Parent/Child(ren)</td>
<td>$1074</td>
<td>$902</td>
<td>$172</td>
</tr>
<tr>
<td>Two Adults</td>
<td>$1213</td>
<td>$967</td>
<td>$246</td>
</tr>
<tr>
<td>Family</td>
<td>$1339</td>
<td>$1004</td>
<td>$335</td>
</tr>
</tbody>
</table>

PANTHER PLUS (PPO)

<table>
<thead>
<tr>
<th>Plans</th>
<th>Total Monthly Premium</th>
<th>Monthly University Contribution Including $50 Benefit Credit</th>
<th>Monthly Employee Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$435</td>
<td>$412</td>
<td>$23</td>
</tr>
<tr>
<td>Parent/Child(ren)</td>
<td>$951</td>
<td>$901</td>
<td>$50</td>
</tr>
<tr>
<td>Two Adults</td>
<td>$1077</td>
<td>$965</td>
<td>$112</td>
</tr>
<tr>
<td>Family</td>
<td>$1103</td>
<td>$1001</td>
<td>$192</td>
</tr>
</tbody>
</table>

PANTHER BASIC (PPO) QHDHP with HSA Option

<table>
<thead>
<tr>
<th>Plans</th>
<th>Total Monthly Premium</th>
<th>Monthly University Contribution Including $50 Benefit Credit</th>
<th>Monthly Employee Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$409</td>
<td>$409</td>
<td>$0</td>
</tr>
<tr>
<td>Parent/Child(ren)</td>
<td>$897</td>
<td>$897</td>
<td>$0</td>
</tr>
<tr>
<td>Two Adults</td>
<td>$996</td>
<td>$964</td>
<td>$32</td>
</tr>
<tr>
<td>Family</td>
<td>$1045</td>
<td>$999</td>
<td>$46</td>
</tr>
</tbody>
</table>

Members may obtain a 90-day supply of medication at any participating retail pharmacy but three copayments will apply. Members may obtain a 90-day supply at a discounted price through mail order, Falk Pharmacy, and the University Pharmacy. As an example, at the University Pharmacy members pay $12 for a 90-day supply of generic medication, while the cost is $48 at a retail pharmacy ($16 x 3). Specialty medication is not available at the discount price.

Prescription Drug Program-
Your Choice Formulary

30-Day Supply available through:

- Retail and Independent Pharmacies
- UPMC Pharmacy Services 1-800-396-4119

90-Day Supply available through:

- Mail Order through Express Scripts 1-877-787-6279
- Falk Clinic Pharmacy 412-623-6222 (Oakland campus office delivery available)
- University Pharmacy 412-381-1859

- $16 copayment generic
- $40 copayment preferred brand
- $80 copayment nonpreferred brand
- $90 copayment specialty medication

- $32 copayment generic
- $80 copayment preferred brand
- $160 copayment nonpreferred brand

As Faculty and Staff of the University, you are continually asked to juggle your own workload and your life at home. Balancing can be much easier with direct access to supportive resources and personal attention. LifeSolutions, the University’s faculty and staff assistance program, provides WorkLife services including no-cost personalized consultations and referrals, for a wide range of daily needs. The goal of WorkLife services is to help with the time consuming leg work associated with daily needs, so a person can remain focused on his or her job duties. Some of the WorkLife services offered include:

- Elder Care: Help with locating an assisted living facility for an elderly parent who can no longer live independently.
- Financial consultation: Support with budgeting, retirement planning, debt management, and similar issues.
- Child care assistance: Choosing a summer camp, preschool, daycare facility, or other resource(s).
- Legal consultation: Estate planning, wills, divorce or marriage issues, or contract issues. The initial 30-minute legal consultation is free and subsequent legal support will be offered at a discounted rate.

LifeSolutions continues to provide in-person and telephonic coaching and counseling services. Faculty, staff, and their household members can receive up to six sessions per issue per year at no cost. These services are completely private and confidential. The clinicians are all PhD or Master’s level trained with broad experience in mental health and addiction issues. LifeSolutions helps people with stressors such as family conflict and relationship issues, as well as more serious psychiatric or substance use disorders. LifeSolutions responds to calls 24 hours a day, seven days a week, and services are conveniently located near all five University of Pittsburgh campuses.

LifeSolutions also provides training and education programs which can be customized to meet a department or school’s needs:

- Examples include Financial Wellness, Stress Management:
- A Path to Wellbeing, and Maintaining a Respectful Workplace, to name a few.
- Deans, managers, and supervisors receive management consultation services regarding challenging workplace issues, including how to safely and tactfully approach a troubled employee or sensitive situation.

LifeSolutions is a no cost resource available to University faculty, staff, and their household members that can help pave the way to a happier, healthier, and more productive life at work and at home. You can reach LifeSolutions by phone at 1-866-647-3412 or online at www.hr.pitt.edu/lifesolutions.
Benefits Coverage, Wellness Related Programs and Activities

Preventive Care Coverage
Preventive-related benefits are covered at 100% for those who participate in the University's medical plans without the need to make a copayment or meet a deductible including, but not limited to:

- Wellness visits to your primary care physician
- Wellness-related blood panels
- Mammograms
- Prostate screenings
- Colonoscopies
- Flu and pneumonia vaccinations
- Shingles vaccination (Zostavax)
- Adult immunizations
- Pediatric immunizations

The adult and pediatric preventative guidelines are posted at: www.hr.pitt.edu/fitness. Click on “Prevention Guidelines.”

Smoking Cessation
Smoking is a difficult habit to break. The University supports members who are trying to quit smoking. As a result of the Affordable Care Act, most over-the-counter and generic tobacco cessation medicines are covered at 100% without a copayment. Specific brand-name drugs like Nicorette Inhaler and Nicoretal Nasal Spray remain subject to the brand name copayment.

Copayments for brand name smoking cessation drugs may be reimbursed by the University for those members who participate in the University sponsored medical plans, if those members complete a tobacco cessation coaching program that is available:

- Online
- By telephone

Contact UPMC Health Plan at 1-800-807-0751 to get started in a coaching program today.

Additional support services are available through LifeSolutions. Information about LifeSolutions is on page 5.

Exercise
A well-balanced diet and exercise are key components of a healthy lifestyle. The availability of exercise facilities will vary by campus. In Oakland, Trees Hall and Bellesfield Hall are available for use at no cost to faculty and staff. Regional campus information is available through the local Human Resources office.

The University Club is also open to faculty and staff. Membership and general information are available on its Web site: www.uc.pitt.edu.

The University’s Health and Physical Activity department provides wellness education, exercise, and dietary programs that promote physiological benefits. It is open to all faculty and staff. Additional information is available on its Web site: www.education.pitt.edu/wellness.

Activities on Campus
Throughout the year, the Benefits Department, UPMC Health Plan, and many engaged departments sponsor wellness-related activities on campus. Some of the programs include:

- Exercise campaigns
- Wellness fairs

These programs are generally announced through flyers, campus mailings, and posters.

Health Coaching
The University, through UPMC Health Plan, provides health coaching to members with University sponsored health insurance.

Health coaches can provide needed support to help you lose weight, eat healthier, quit smoking, manage stress and become more active and physically fit. They can also help you manage many chronic conditions such as diabetes, asthma, low back pain, high blood pressure, and many more. To set up an appointment, contact UPMC Health Plan at 1-800-807-0751.

Additional support services are available through LifeSolutions. Information about LifeSolutions is on page 5.

Vision Plans and Monthly Premiums
Davis Vision
Current participants: 1-800-999-5431 or www.davisvision.com
Non-participants: 1-877-923-2847
(client code 4228 for the Fashion Excellence Plan and 4583 for the Designer Gold Plan)

How the Plan Works
All participants, regardless of age, are eligible for a comprehensive eye examination and one pair of eyeglass lenses and frames OR a contact lens evaluation and fitting and contact lenses once every 12 months.

Note: For current participants who will continue in the program, eligibility for exams, lenses, and frames will be one year from the date that services were last obtained:

- In-Network*: requires utilization of providers in the Davis Vision network
- Out-of-Network**: may utilize providers outside the Davis Vision network

Participants who utilize an out-of-network provider are responsible for paying all billed charges and will be reimbursed subsequently (after submitting claim forms to the carrier) up to the specified out-of-network schedule allowance as stated below.

Preventive Care Coverage, Wellness Related Programs and Activities

Vision Insurance Plans—Summary of Key Provisions

<table>
<thead>
<tr>
<th>Feature</th>
<th>Fashion Excellence Plan</th>
<th>Designer Gold Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Copayments and Coverage Options</td>
<td>Copayments and Coverage Options</td>
</tr>
<tr>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Eyeglass Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covered in Full</td>
<td>Single Vision $25</td>
<td>Covered in Full</td>
</tr>
<tr>
<td></td>
<td>Bifocal $36</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trifocal $46</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lenticular $72</td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covered in Full</td>
<td>Up to $60 retail allowance towards provider-supplied frames* or Any Fashion frame from Davis Vision's exclusive Collection** (with retail values up to $125) Covered in Full or Any Designer frame from Davis Vision's exclusive Collection** (with retail values up to $175) after $20 copayment or Any Premier frame from Davis Vision's exclusive Collection** (with retail values up to $275) after $40 copayment</td>
<td>Up to $10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacts (in lieu of eyeglasses)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact lenses, evaluation and fitting fees, Covered in Full $75 allowance towards provider-supplied contacts or one pair of daily wear (in lieu of allowance) or medically necessary with prior approval, Covered in Full</td>
<td>Evaluation and fitting fee: Daily wear, up to $20 Extended wear, up to $30 Standard Daily Wear, up to $48 or Elective, up to $75 or Medically Necessary, up to $125</td>
<td>Contact lenses, evaluation and fitting fees, Covered in Full $110 allowance towards provider-supplied contacts plus 15% off allowance or Medically necessary with prior approval, Covered in Full</td>
</tr>
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</table>

*To locate participating providers in the Davis Vision network:
1. Go to www.davisvision.com
2. Click on “Members”
3. Under the box “Open enrollment” enter the client code 4228 for the Fashion Excellence Plan and 4583 for the Designer Gold Plan and click submit
4. Select “Find a Provider”

**For more information on the Davis Vision Collection, call Davis Vision at the numbers listed above.
1Additional discounts not available at Walmart locations
2Additional $50 allowance for Non-Collection frames purchased at Visionworks locations

MONTHLY PREMIUMS

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Davis Vision Fashion Excellence Plan</th>
<th>Davis Vision Designer Gold Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$6.93</td>
<td>$9.67</td>
</tr>
<tr>
<td>Individual Plus One Dependent</td>
<td>$12.45</td>
<td>$17.41</td>
</tr>
<tr>
<td>Family</td>
<td>$16.95</td>
<td>$23.70</td>
</tr>
</tbody>
</table>

*For more information on the Davis Vision Collection, call Davis Vision at the numbers listed above.
1Additional discounts not available at Walmart locations
2Additional $50 allowance for Non-Collection frames purchased at Visionworks locations

Fitness for Life
www.hr.pitt.edu/fitness

The University’s Fitness for Life program focuses on proactive health and wellness management. As part of this program, services are offered to you and your family members to promote a healthy lifestyle. The benefit coverage and activities sponsored by the University help support each member in the development of a healthy lifestyle and awareness of the benefits of reducing health-care cost escalation.
### Dental Plans and Monthly Premiums

**United Concordia: 1-877-215-3636 or www.ucci.com**

<table>
<thead>
<tr>
<th>Dental Insurance Plans Summary of Key Provisions</th>
<th>Managed Care</th>
<th>Standard Care Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managed Care Plus (Concordia PLUS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requires selection of a primary dental office (PDO) in the Western PA DHMO network. All services must be coordinated through the designated dentist listed on the insurance card. PDO referrals required for specialty and pediatric care.*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How the Plan Works</th>
<th>Concordia FLEX I</th>
<th>Concordia FLEX II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan payment accepted by PDO, or for certain services, patient responsible for fixed-dollar copayment. Claims will be denied for services provided by anyone other than the designated PDO. If a PDO is not elected at enrollment, one will be assigned. Each participant can have their own PDO.</td>
<td>May select any dentist*</td>
<td>May select any dentist*</td>
</tr>
</tbody>
</table>

**Exam/Cleaning Frequency**

- To determine your copayment responsibility, refer to www.hr.pitt.edu/benefits/health-and-welfare/dental-plans and click on “Schedule of Benefits.”

**Preventive Services (e.g., x-rays)**

- Annual Deductible
- None
- $50/individual, $100/individual plus one adult or child, $150/family. Deductible applies for all services.

**Orthodontics (Eligible dependents age 19)**

- Annual Plan Year Maximum
- None
- $500/covered person
- $1,000/covered person

**AD&D**

- Coverage is available at your choice of one to six times your annual salary, rounded up to the next thousand capped at the maximum of $2 million.
- Cost is not age-graded and is a constant rate times each $1,000 of coverage.

**Business Travel Accident Insurance**

- The University provides business travel accident (BTA) coverage for full-time employees.
- BTA insurance coverage provides a benefit for loss of life and certain injuries resulting from a covered accident while traveling on authorized University business. For more information, contact the Office of Risk Management at 412-624-0621.

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### Life Insurance and AD&D

**Aetna Life Insurance Company: 1-888-584-2983 or www.aetna.com/group/upitt**

To report a death or to check on a claim, call 1-800-523-5065

**Life insurance and accidental death and dismemberment (AD&D) insurance help provide financial protection in the event of your death or that of a spouse/domestic partner or dependent. To elect or change a beneficiary, contact Aetna directly.**

#### Basic Group Life and AD&D Coverage

The University provides group term life insurance coverage to faculty and staff in the amount of one times your salary, rounded up to the next thousand capped at the plan maximum of $50,000. AD&D coverage also is provided in the amount of one times your salary, rounded up to the next thousand capped at the plan maximum of $10,000. There is no cost to you.

**Optional Coverage and Monthly Rates**

**Group Life**

Optional group term coverage is available to you at your choice of one to six times your annual salary, rounded up to the next thousand capped at the plan maximum of $50,000. AD&D coverage also is provided in the amount of one times your salary, rounded up to the next thousand capped at the plan maximum of $10,000. There is no cost to you.

**To Calculate Your Life Insurance Cost:**

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>$30,000</th>
<th>$50,000</th>
<th>$100,000</th>
<th>$200,000</th>
<th>$300,000</th>
<th>$500,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1</td>
<td>$0.51</td>
<td>$0.92</td>
<td>$1.38</td>
<td>$2.07</td>
<td>$3.01</td>
<td>$5.02</td>
</tr>
<tr>
<td>Option 2</td>
<td>$0.86</td>
<td>$1.43</td>
<td>$2.21</td>
<td>$3.67</td>
<td>$5.49</td>
<td>$9.36</td>
</tr>
<tr>
<td>Option 3</td>
<td>$1.58</td>
<td>$2.63</td>
<td>$4.13</td>
<td>$6.89</td>
<td>$10.39</td>
<td>$17.35</td>
</tr>
<tr>
<td>Option 4</td>
<td>$2.12</td>
<td>$3.41</td>
<td>$5.58</td>
<td>$9.43</td>
<td>$14.75</td>
<td>$24.52</td>
</tr>
<tr>
<td>Option 5</td>
<td>$4.86</td>
<td>$7.84</td>
<td>$12.96</td>
<td>$22.25</td>
<td>$35.62</td>
<td>$59.32</td>
</tr>
<tr>
<td>Option 6</td>
<td>$9.71</td>
<td>$15.37</td>
<td>$25.51</td>
<td>$45.64</td>
<td>$73.12</td>
<td>$122.12</td>
</tr>
</tbody>
</table>

**AD&D**

Coverage is available at your choice of one to six times your annual salary, rounded up to the next thousand capped at the maximum of $2 million.

Cost is not age-graded and is a constant rate times each $1,000 of coverage ($0.015/$1,000).

**Dependent Life**

Optional dependent life insurance is available to the spouse/partner and children (up to age 26) of faculty and staff members.* Six options are available to choose from and the faculty and staff member would be the automatic beneficiary of any elected benefit. Coverage is subject to evidence of insurability. Cost is not age-graded and is constant regardless of the number of eligible family members covered.

**Coverage of Spouse/coverage of each domestic partner**

<table>
<thead>
<tr>
<th>Option</th>
<th>Coverage</th>
<th>Cost per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1</td>
<td>$10,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Option 2</td>
<td>$15,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Option 3</td>
<td>$20,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Option 4</td>
<td>$30,000</td>
<td>$15,000</td>
</tr>
<tr>
<td>Option 5</td>
<td>$75,000</td>
<td>$12,500</td>
</tr>
<tr>
<td>Option 6</td>
<td>$100,000</td>
<td>$16,666</td>
</tr>
</tbody>
</table>

*Proof of good health, also called evidence of insurability, is required for some types of coverage. Evidence of insurability (EOI) is an application process in which you provide information on the condition of your health or your dependent's health in order to be approved for coverage. Aetna Life Insurance provides 90 days to submit the EOI application for approval or denial of coverage.
Flexible Spending Accounts

UPMC Health Plan: 1-888-499-6885 or www.upmchealthplan.com/flexadvantage

A flexible spending account program provides an opportunity to reduce your federal and Social Security taxable income through funding an account(s) on a pre-tax basis. You may obtain reimbursement through the submission of qualified out-of-pocket expenses relating to that particular account.

Flexible spending accounts are intended to be used for predictable expenses only. Please review the plan details of each flexible spending account prior to enrollment to determine if a flexible spending account is right for you.

You may learn more about the flexible spending accounts in greater detail, including eligible expenses, claim submission deadlines, and claim submission procedures, by visiting the University of Pittsburgh's Benefits Department Web site at www.hr.pitt.edu/benefits/health-and-wellness/flexible-spending, or by contacting the University's flexible spending account administrator, UPMC Health Plan, at 1-888-499-6885.

Flexible Spending Accounts Offered

<table>
<thead>
<tr>
<th>Account Type</th>
<th>Examples of Eligible Expenses</th>
<th>Monthly Minimum</th>
<th>Monthly* Maximum</th>
<th>Annual Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>Deductible(s), copayments, prescription drugs, prescription glasses, and orthodontics for you and/or your dependents.</td>
<td>$10</td>
<td>$212.50</td>
<td>$2,550</td>
</tr>
<tr>
<td>Dependent Care</td>
<td>Day care providers, after school care or extended day care, au pair, nanny, elder care, and summer day camp expenses incurred due to working, looking for work, or attending school full-time.</td>
<td>$10</td>
<td>$416.67</td>
<td>$5,000</td>
</tr>
<tr>
<td>Parking</td>
<td>The cost of parking in a non-University lot (leases or pay by the day) that is located near your place of employment or cost of parking in a University lot if you pay by the day.</td>
<td>$25</td>
<td>$250.00</td>
<td>$3,000</td>
</tr>
<tr>
<td>Mass Transportation</td>
<td>Vanpooling expenses or cost of a transit pass to travel to your place of employment from outside of Allegheny County.</td>
<td>$25</td>
<td>$180.00</td>
<td>$1,560</td>
</tr>
</tbody>
</table>

*These amounts are based on a 12 month pay schedule. Individuals on another schedule should adjust accordingly.

“Use It or Lose It” Rule for Plan Year 2016: July 1, 2015–June 30, 2016

The “Use it or Lose it” rule applies to dependent day care, parking, and mass transportation. Other than the exception listed below for dependent care, all claims must be incurred prior to July 1, 2016. Participants must submit those expenses for reimbursement by December 31, 2016. If your coverage ends prior to June 30, 2016, claims must be incurred prior to your last day of coverage. If your coverage ends prior to the end of the plan year, you have 180 days to submit expenses after the last day of coverage. Careful planning is required. Any remaining funds in your account at the end of the plan year will be forfeited and used to offset the general plan expenses.

2 1/2 Month Dependent Care Flexible Spending Account Extension

The U.S. Treasury Department granted a 2 ½ month extension for dependent day care flexible spending accounts. Participants have until September 15 to incur an expense and use any contributions remaining in their dependent care flexible spending accounts. During this grace period, transactions will automatically pull from the previous plan year to exhaust funds before it pulls from the current plan year funds. Expenses incurred during this period still must be submitted to UPMC Health Plan, the University's flexible spending account administrator, for reimbursement no later than December 31, 2016.

Health Care Flexible Spending Account Carryover

The IRS has modified the “use or lose” rule for health care flexible spending accounts (FSA) to allow a $500 annual carryover of unused contributions. The carryover does not count against the $2,550 contribution maximum per year and the carryover can be used to pay for expenses in the year in which it is carried over. This modification only applies to the health care FSA and terminates the 2½ month extension previously applied to the account.

Incomplete Participation in Plan Year

Unused funds will be forfeited if not claimed within 180 days of the following status changes for the dependent care, parking, and mass transportation accounts:

- End of the plan year
- Termination
- Change in status which makes you ineligible for the plan

In case of termination or ineligibility during the plan year, claims can be submitted for expenses incurred prior to the termination/eligibility date. Expenses and services incurred after the termination/eligibility date are not eligible for reimbursement.

Flexible Spending Accounts

FlexAdvantage Visa Card for Health Care FSA members provides the benefit of swiping your card to pay for health care FSA-eligible items, such as doctors office copays, deductibles, coinsurance, prescription drugs, and other qualified medical, dental, and vision expenses.

Participants can submit claims for reimbursement to UPMC Health Plan in two ways. First, the subscriber can complete a reimbursement request form and submit it to UPMC Benefit Management services. Claims can also be submitted online through the UPMC FlexAdvantage portal. To access the portal, use the my.pitt.edu single sign on for UPMC MyHealth Online.

Participants are able to obtain their flexible spending account balances for health care and dependent care over the phone by calling 1-888-499-6885 and following a series of prompts.

<table>
<thead>
<tr>
<th>Claims Incurred</th>
<th>Incurring Extension Available?</th>
<th>Filing Deadline**</th>
<th>Does the “Use it or Lose it” rule apply?</th>
<th>Eligible to use the FlexAdvantage card to cover expenses?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete Participation in Plan Year</td>
<td>Yes</td>
<td>December 31, 2016</td>
<td>No - up to $500 may be carried over annually</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Health Care Flexible Spending Account Carryover

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Flexible Spending Accounts Offered

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<td>$180.00</td>
<td>$1,560</td>
</tr>
</tbody>
</table>

*If you terminate the plan earlier than June 30, the filing deadline will be 180 days from your termination date.
Retirement Income Plans

Eligible faculty, staff, and research associates are offered a choice between two options to establish a continuation of an income stream upon retirement. The two options are listed below.

Details, including plan documents, may be found on the Benefits Department Web site at www.hr.pitt.edu/benefits/retirement-benefits. The plans operate on a calendar year basis and are not subject to an annual open enrollment. Elections or changes may be made online throughout the year. Changes must be made by the end of the month prior to when the change is to take effect. Instructions on how to enroll or make changes can be found at www.hr.pitt.edu/benefits/retirement/making-cha.

One important term referred to frequently in the plans is vesting. Under the Defined Contribution Plan, once you have fulfilled the three-year vesting schedule, you have a non-forfeitable right to the University match when you retire from the University or resign from the University. Under the Defined Contribution Plan, you always have the right to your contributions and earnings upon retirement or resignation. Under the Defined Benefit Pension Plan, the vesting schedule is five years.

Defined Benefit Pension Plan

The Defined Benefit Pension Plan is a non-contributory program. In other words, you do not make contributions. Only the University is responsible for funding the plan. Benefits are based upon a formula, not upon contributions or the plan's investment earnings. An participant who is terminated in an active status in a vested status and meets the criteria is eligible for an annuity (fixed income stream).

For each year of vested participation, a participant accurses a benefit equal to 2.5% of their compensation not to exceed the Social Security Wage Base. The benefit is calculated for all participants as a single life annuity, although it may be converted to a joint and 100% survivor annuity for a married participant.

The vesting period under the Noncontributory Defined Benefit Pension Plan is five years counted as 1,000 or more hours of service in each calendar year.

» Full-time faculty are credited with 1,000 hours of service in a calendar year. (If part time, service credits are based on the academic credit load of teaching.)

» Full-time staff are credited with 1,950 hours for a 17.5 hour work week or 2,080 hours for a 40 hour work week.

If you are covered by the Defined Benefit Pension Plan and have never been enrolled in the Defined Contribution Program, you may be eligible to take advantage of the Once in Career Change option.

» Elect enrollment in the Defined Contribution Program if you currently participate in the Defined Benefit Plan.

» Re-enrollment in the Defined Benefit Pension Plan is not permitted.

Employee-Only Tax Deferral Contributions

Faculty and staff may elect to make supplemental tax-deferred contributions without a University matching contribution, but within the limits permitted by tax regulations.

Employees who are not eligible for the University matching contribution may make elective tax-deferred contributions within the limits permitted by tax regulations. More information on universality availability can be found on the benefits Web site.

Defined Contribution Plan

Within the Defined Contribution Plan, participants contribute a percentage of base pay which is placed into investments of personal choice through either TIAA-CREF and/or Vanguard Funds. Participant contributions may be made on a pre-tax basis or through the Roth 403(b) after-tax deduction.

Eligible faculty and staff become vested after having completed 1,000 hours of participation in three consecutive calendar years. Once vested, the participant has ownership of the contributions which are matched by the University. You are always 100% vested in your pre-tax or after-tax contributions.

Between the ages of 52 and 65, once vested, you have the option of joining the Accelerated Option. This option ends after making the election: up to 120 months or to age 65, whichever occurs first. The University matches these contributions once participation in the Accelerated Option ends.

As needed upon retirement, income streams may be established in the form of annuities. You may contact TIAA-CREF directly for more information.

Additional Benefits

Additional benefits are available to eligible faculty and staff. All of the additional benefit offerings that are outlined in the remaining pages of this summary guide to benefits brochure do not operate on an annual open enrollment schedule or the same plan year. For benefits requiring an enrollment, the guidelines for enrollment are stated below.

Education

The University offers tuition remission to staff and faculty, as well as their spouse/domestic partner and dependent children. For more information on staff education benefits, refer to the Office of Human Resources Benefits Department Web site at www.hr.pitt.edu/benefits/education.

For more information on faculty education benefits, refer to the online Faculty Handbook at www.provost.pitt.edu/handbook/handbook.html (Section II: Faculty Policies).

Staff members accrue vacation and sick days each month. They also receive personal day(s) and may receive winter recess (Christmas Eve to the first working day of the year) off. For more information on paid leave for staff, refer to the Office of Human Resources Benefits Department Web site at www.hr.pitt.edu/benefits/time.

Income Protection/Leaves of Absence

The University provides long term disability insurance for faculty and staff. The long term disability benefit program provides partial income replacement and continuation of certain University benefits in the event eligible staff or faculty become “disabled.” For more information on long term disability refer to the Office of Human Resources Benefits Department Web site at www.hr.pitt.edu/node/476.

For information on faculty leaves of absence, refer to the online Faculty Handbook at www.provost.pitt.edu/handbook/handbook.html (Section II: Faculty Policies and Section V: Faculty Compensation and Benefits).

For information about staff leaves of absence, refer to the Office of Human Resources Benefits Department Web site at http://hr.pitt.edu/benefits/medical/leave.

Long Term Care Insurance

Long term care is the type of care received, either at home or in a facility, when someone needs assistance with activities of daily living because of an accident, illness, or advancing age. Long Term Care Insurance provides benefits to help pay for this needed care.

Long Term Care Insurance is an employee-paid benefit available at a group rate to faculty and staff, as well as their family members. Please contact the University’s Long Term Care Insurance carrier, Unum, for specific plan details and coverage, rates and enrollment forms at 1-800-227-4165, or unuminfo.com/spitt.

Retiree Benefits Program

The University provides a very substantial retiree benefits package to its eligible retirees and their eligible spouse/partner. Eligibility for the retiree benefits package is contingent upon the job type and status held while actively employed at the University, along with other criteria such as date of hire, age and years of service.

For additional information regarding the retiree benefits program, including eligibility for the program, along with the benefits offered upon retirement, please visit hr.pitt.edu/retirees. Alternatively, you may request a print copy of the Summary Guide to Retiree Benefits from the Benefits Department by calling 412-624-8160.

PittPerks

PittPerks is a value-added benefit for University of Pittsburgh’s faculty and staff. It provides special pricing on a variety of voluntary benefits including auto, home, and pet health insurance as well as identity theft protection all through a convenient payroll deduction. Faculty and staff can also obtain University, local, and national discounts on various products and services. These discounts have been negotiated especially for the University of Pittsburgh.

Visit www.pittperks.com today for more information. If you have any questions about the available programs on this site, or would like to suggest new program offerings or refer discount shopping vendors, please contact PittPerks customer care at 888-689-9696 or pittperks@corestream.com.

Parking and Transportation Services

For more than 10 years, the University has promoted carpooling, vanpooling, and bicycle programs through incentives from Parking and Transportation Services.

Incentives for registered carpoolers include:

» Reduced monthly parking permit fees

» Pre-tax payroll deduction (not to be used in conjunction with Qualified Comuter Expense Accounts)

» Free ride matching

» Courtesy parking

Access to the region’s Emergency Ride Home program

The registered vanpools receive free parking in designated areas, as well as other incentives offered to carpoolers.

The Bicycle Program provides bicycle parking conveniently located throughout campus, and bicycle lockers are available for a nominal fee. Please visit the Parking and Transportation Services Web site for more information about the programs described above at www.pts.pitt.edu/commuting.

DEFINDED CONTRIBUTION PLAN SCHEDULE

<table>
<thead>
<tr>
<th>Non-vested</th>
<th>Vested</th>
<th>Accelerated Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Contribution</td>
<td>Maximum Contribution</td>
<td>Dollar Gain</td>
</tr>
<tr>
<td>5%</td>
<td>8%</td>
<td>$1.00</td>
</tr>
<tr>
<td>8%</td>
<td>8%</td>
<td>$1.00</td>
</tr>
</tbody>
</table>
Policies and Notices

Children’s Health Insurance Program Reauthorization Act (CHIPRA)

CHIPRA requires employers offering group health plans to notify employees of their potential rights to receive premium assistance under a state’s Medicaid or CHIP program.

CHIPRA has added two different rules that could benefit certain employees of the University. First, CHIPRA added a new premium assistance program for participants who are eligible for a Medicaid or a state CHIP program. If you are such an individual and you are eligible for health coverage from the University but are unable to afford the premiums, the state CHIP program may help you pay for coverage under the University health plans. If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your state Medicaid or CHIP office to find out if premium assistance is available. Second, CHIPRA has added two new Qualified Status Change events. The Qualified Status Change events occur either when an eligible employee’s enrollment ends in Medicaid or a state’s CHIP program or when an eligible employee becomes eligible for the premium subsidy and can then enroll in the University’s coverage. If either of those two events occur, the employee must request coverage from the University within 60 days of the event.

Women’s Health and Cancer Rights Acts (HR4328, Public Law 105-277)

Under the University of Pittsburgh’s health plans, coverage will be provided to a member who is receiving benefits for medically necessary mastectomy and who elects breast reconstruction after the mastectomy for:

1. Reconstruction of the breast on which a mastectomy has been performed
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance
3. Prostheses
4. Treatment of physical complications of all stages of mastectomy, including lymphomas

This coverage will be provided in consultation with the attending physician and the patient and will be subject to the same coinsurance and any applicable annual deductibles that apply for the mastectomy.

Prescription Drug Notice of Creditable Coverage (Medicare Part D Notice)

Group medical plans with prescription drug coverage sponsored by the University for active faculty and staff, pre-age 65 retirees, and post-age 65 retirees meet the standards for creditable coverage required by federal regulations and guidelines.

Summaries of Benefits and Coverage

Summaries of Benefits and Coverage (SBC) provide applicants, enrollees, and policyholders with government mandated comparable information about health plan benefits and coverage options to help you evaluate choices when comparing the University of Pittsburgh’s plans to other plans. For the most cost-accurate information to compare between the University of Pittsburgh’s group of plans, and customized information about your medical options, please go to www.hr.pitt.edu/benefits.

In addition to accessing and/or printing copies of the electronic COCs and SBCs, you also have the right to request and receive, free of charge, paper copies of these documents.

Request a printed Health and Welfare COC and/or Summary of Benefits and Coverage (SBC) on the Benefits website or by calling the University’s Benefits Department at 412-624-8160

Additional Notices

The following policies and notices are available, in most instances, in more detail on the Benefits Department Website at www.hr.pitt.edu/benefits/health-and-wellness/notices.

We encourage you, your spouse/domestic partner, and dependents to access the notices online and review them in conjunction with open enrollment and any time after. The notice of the availability of this information online and your ability to access the information is deemed to be delivery of those notices. You have the right to request any notice in paper copy by contacting the Plan Administrator.

» Assisted Fertilization
» Behavioral Health Care
» Children’s Health Insurance Program Reauthorization Act (CHIPRA)
» Claims Review and Appeal Procedures
» Emergency Services
» Genetic Information Nondiscrimination Act Compliance
» Health Insurance Marketplace Notice
» Initial COBRA notification
» Life Insurance Conversion and Portability
» Loss of Coverage/Termination of Employment (COBRA)
» Military Leave under USERRA and NDAA
» Newborns’ And Mothers’ Health Protection Act
» Notice of Rescission of Coverage
» Patient Protection Notice
» Protected Personal Health Information
» Qualified Medical Child Support Orders
» Summary of Benefits Coverage
» Women’s Health Care

University of Pittsburgh

Office of Human Resources

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Additional copies of the Summary Guide to Benefits brochures are available from the Benefits Department for recruitment purposes.